

## THIS ISSUE

### Job Modifications and Pre-Job Accommodations

#### TO:

Chiropractic Physicians  
Dentists  
Medical Physicians  
Naturopaths  
Occupational Therapists  
Optometrists  
Osteopathic Physicians  
Physical Therapists  
Vocational Counselors  
Job Modification Vendors &  
Consultants  
Self-Insured Employers

#### FROM:

**Provider Toll Free**  
1-800-848-0811  
902-6500 In Olympia

**AT&T Conversant**  
1-800-831-5227

**Karen Jost, MS, PT**  
Therapist Consultant Coordinator  
PO Box 44323  
Olympia WA 98504-4323  
(360) 902-5622

**On The Internet:**  
Visit Health Services Analysis'  
website to view all Provider  
Bulletins Currently in effect at  
[www.wa.gov/lni/has/has\\_pbs.htm](http://www.wa.gov/lni/has/has_pbs.htm)

## Purpose

This Provider Bulletin replaces Provider Bulletin 96-06. It is for dates of service on or after January 15, 2000. This Bulletin applies to both State Fund and self-insured employers worker's compensation claims in all locations.

The purpose of this Bulletin is to:

- Describe the job modification and pre-job accommodation benefits available to injured workers.
- Explain the process for obtaining a job modification or pre-job accommodation.

## What changed from the previous Bulletin 96-06?

Bids are now required on each proposed piece of equipment that costs \$1500 or more. (The previous limit was \$400).

This Bulletin also clarifies the following:

- What constitutes an employer-employee relationship.
- Ownership of equipment, including copies of the ownership agreements.
- Payment for moving equipment.
- There must be restrictions that prevent the worker from doing his or her regular job in order for the worker to qualify for a job modification or pre-job accommodation.
- Under certain circumstances, items otherwise considered personal appliances may be purchased as part of a job modification or pre-job accommodation.

## What are the primary differences between a job modification and a pre-job accommodation?

Job Modification	Pre-Job Accommodation
<b>The purpose</b> of job modification benefits is to encourage employers to modify jobs to retain or hire injured workers.	<b>The purpose</b> of pre-job accommodation benefits is to make it possible for the worker to perform the essential functions of a job.
There <b>MUST</b> be an employer-employee relationship. ( <i>See "What constitutes an employer-employee relationship?" on page 5).</i>	There is <b>NO</b> employer-employee relationship.
Paid out of the Second Injury Fund.	Paid out of the Accident Fund.

## What is a job modification and pre-job accommodation?

Job Modification	Pre-Job Accommodation
<p>A job modification is an adjustment or alteration to the way a job is performed so the worker may return to work even though there are restrictions imposed by the industrial injury or occupational disease (industrial condition).</p> <p>A job modification may be for more than one job or employer, when:</p> <ul style="list-style-type: none"> <li>• The worker has two or more distinct jobs or job sites with one or more employers; <b>and</b></li> <li>• The job modification is not portable <b>or</b> work demands are distinctly different at each job or job station.</li> </ul> <p>Job modifications include:</p> <ul style="list-style-type: none"> <li>• Work-site adjustments</li> <li>• Job task restructuring</li> <li>• Tools</li> <li>• Equipment</li> </ul> <p>Job modifications do <b>NOT</b> include modification of the home or vehicle, <b>unless</b> directly related to work activity.</p> <p>Job modification benefits may <b>NOT</b> be used to:</p> <ul style="list-style-type: none"> <li>• Supplement retraining plan funds, or</li> <li>• Make ergonomic changes other than those needed due to restrictions related to the accepted industrial condition.</li> </ul>	<p>A pre-job accommodation is an adjustment or alteration needed by the worker to:</p> <ul style="list-style-type: none"> <li>• Participate in an approved retraining plan; <b>or</b></li> <li>• Perform the essential functions of a job or return-to-work (RTW) goal in which the injured worker is seeking employment consistent with: <ul style="list-style-type: none"> <li>– A completed retraining plan; <b>or</b></li> <li>– The recommendations of an ability to work assessment.</li> </ul> </li> </ul> <p>A pre-job accommodation is intended to accommodate restrictions imposed by the accepted industrial injury or occupational disease (industrial condition).</p> <p>Pre-job accommodations include:</p> <ul style="list-style-type: none"> <li>• Work-site adjustments</li> <li>• Job task restructuring</li> <li>• Tools</li> <li>• Equipment</li> </ul> <p>Pre-job accommodations do <b>NOT</b> include modification of the home or vehicle, <b>unless</b> the worker needs the modification solely to perform the essential job functions or to enable retraining.</p> <p>Pre-job accommodation benefits may <b>NOT</b> be used to:</p> <ul style="list-style-type: none"> <li>• Supplement retraining plan funds, or</li> <li>• Make ergonomic changes other than those needed due to restrictions related to the accepted industrial condition.</li> </ul>

## What are the limits for these benefits?

Job Modification	Pre-Job Accommodation
<p>For claims covered by the State Fund and self-insured employers, job modifications are limited to \$5,000 <b>per job or job site</b>. If combined with pre-job accommodations for the same RTW goal, the maximum combined benefit is \$5,000. See RCW 51.32.095 and RCW 51.32.250. (<i>The \$5,000 does NOT include professional consultative services.</i>)</p> <p>If a claim is open and the equipment that was purchased as part of a job modification needs to be moved, the department may cover the cost of moving the equipment if there is money remaining from the \$5,000 for the job modification.</p> <p><i>NOTE: Self-insured employers may submit reimbursement requests for job modification expenses to the self-insurance section of L&amp;I.</i></p>	<p><b>State Fund</b> – For claims covered by the State Fund (including bankrupt self-insured employers), pre-job accommodations are limited to \$5,000 <b>per claim</b>. If combined with job modifications for the same RTW goal, the maximum combined benefit is \$5,000. See RCW 51.32.095 and RCW 51.32.250. (<i>The \$5,000 does NOT include professional consultative services.</i>)</p> <p>If a claim is open and the equipment that was purchased as part of a pre-job accommodation needs to be moved, the department may cover the cost of moving the equipment if there is money remaining from the \$5,000 for the pre-job accommodation.</p> <p><b>Self-Insured</b> – Self-insured employers may pay any pre-job accommodation expenses out-of-pocket for injured workers who no longer work for that self-insured employer. Self-insured employers are not reimbursed for pre-job accommodation expenses.</p>

## Are personal appliances or personal items covered?

Job Modification	Pre-Job Accommodation
<p>The department generally <b>DOES NOT</b> purchase personal appliances or personal items under a claim (see WAC 296-20-100 to 296-20-1102). However, items that might otherwise be considered personal appliances or personal items may be purchased as a job modification if <b>both</b> of the following criteria apply:</p> <ul style="list-style-type: none"> <li>• The purchase and use of the item enhances the worker's employability; that is, without it the worker may not be able to work; <b>and</b></li> <li>• The item is something the employer is not already supplying to his or her employees.</li> </ul>	<p>Same as for job modification.</p>

## Who may receive these benefits?

Job Modification	Pre-Job Accommodation
<p>A worker who has a claim that is open or in statutory pension status, AND there are restrictions imposed by the industrial condition that prevent him or her from working at their regular job.</p>	<p>Same as for job modification.</p> <p><i>NOTE: If a claim has been reopened seven years after it was first closed, pre-job accommodation benefits are not available unless the director has already approved other benefits from the Accident Fund.</i></p>

## What constitutes an employer-employee relationship?

Job Modification	Pre-Job Accommodation
<p>An employer-employee relationship exists in the following situations:</p> <ul style="list-style-type: none"><li>• The worker is currently employed and receiving a wage paid by the employer.</li><li>• The worker has received a written offer of employment with a specified start date. The adjudicator may consider authorizing a job modification for a return-to-work plan only when an employment start date has been specified.</li><li>• The worker has received approval for an on-the-job training (OJT) plan that includes a written intent to hire (even if there is no specific start date) and the employer pays the worker a wage.</li><li>• The worker is self-employed and has a Washington State business license.</li></ul>	<p>There is no employer-employee relationship in a pre-job accommodation.</p>

## What is the role of the employer?

Job Modification	Pre-Job Accommodation
<p>The employer is encouraged to participate in job modification. Participation may include:</p> <ul style="list-style-type: none"><li>• All or part of the cost of the job modification</li><li>• Materials</li><li>• Staff time</li><li>• Production down time</li></ul> <p>The employer must sign the ownership agreement (copy attached).</p>	<p>There is no employer involved in a pre-job accommodation.</p> <p><i>NOTE: Self-insured employers may pay for pre-job accommodations for injured workers who no longer work for that self-insured employer (see page 3).</i></p>

## What is the role of the injured worker?

Job Modification	Pre-Job Accommodation
<ul style="list-style-type: none"> <li>• Must be employed or have received an offer of employment with a specified start date before funds can be authorized for job modification.</li> <li>• May be self-employed. The Washington State business license number must be sent with the request.</li> <li>• Must sign ownership agreement (copy attached).</li> </ul>	<ul style="list-style-type: none"> <li>• Must participate in the approved retraining plan, if applicable.</li> <li>• Must sign ownership agreement (copy attached).</li> </ul>

## What is the role of the consultant?

Job Modification	Pre-Job Accommodation
See "Procedure for Obtaining a Job Modification or Pre-Job Accommodation" on page 12.	Same as for job modification.

## What is the role of the attending physician?

Job Modification	Pre-Job Accommodation
<p>The attending physician (AP) may request a job site analysis or job modification assistance for a worker.</p> <p>If the claim file does not already include documented restrictions, the AP provides information regarding restrictions related to the accepted industrial condition for which a job modification is needed.</p>	<p>The AP certifies that the pre-job accommodations are <b>medically necessary</b> due to the restrictions imposed by the accepted industrial condition and that the proposed pre-job accommodation will meet the worker's needs.</p>

## What is the role of the equipment vendor?

Job Modification	Pre-Job Accommodation
<p>The equipment vendor:</p> <ul style="list-style-type: none"> <li>• Must have an L&amp;I provider number when providing equipment for State Fund claims. (See “Where May I Obtain More Information?” at the end of this Bulletin.)</li> <li>• Sets up equipment and provides training to the worker and employer, as needed.</li> <li>• May be requested to submit bids for equipment costing over \$1,500. (See “What information should be included in the bid?” below.)</li> <li>• May NOT supply equipment when also performing the job modification consultation for that claim (unless authorized in advance as a sole-source provider by the claim manager).</li> </ul>	<p>Same as for job modification.</p>

## What information should be included in the bid?

Job Modification	Pre-Job Accommodation
<p>Bids should include the cost of fitting, delivery, tax, warranties, set up and training.</p>	<p>Same as for job modification.</p>

## How do vendors bill for equipment provided for a State Fund claim?

Job Modification	Pre-Job Accommodation
<ul style="list-style-type: none"> <li>• Bill <b>only</b> code 0380R on the pink Statement for Retraining and Job Modification Services form (F245-030-000).</li> <li>• Attach to the bill a copy of the Job Modification Assistance Application form signed by the claim manager.</li> </ul>	<ul style="list-style-type: none"> <li>• Bill <b>only</b> code 0385R on the pink Statement for Retraining and Job Modification Services form (F245-030-000).</li> <li>• Attach to the bill a copy of the Pre-Job Accommodation Assistance Application form signed by the claim manager.</li> </ul>

## What happens if the equipment needs to be altered or replaced?

Job Modification	Pre-Job Accommodation
<p>Existing job modifications may be altered or replaced <b>ONLY</b> if:</p> <ul style="list-style-type: none"> <li>• The claim is open or in statutory pension status; <b>and</b></li> <li>• Funds remain from initial job modification allotment; <b>and</b></li> <li>• The worker's condition or the job duties of the job that was modified have changed; <b>OR</b> the initial job modification must be enhanced to meet the worker's restrictions imposed by the accepted industrial condition.</li> </ul>	<p>The adjudicator may consider authorizing alteration or replacement of pre-job accommodation equipment <b>ONLY</b> if:</p> <ul style="list-style-type: none"> <li>• The claim is in open or statutory pension status, <b>and</b></li> <li>• Funds remain from the pre-job accommodation for the same job goal, <b>and</b></li> <li>• The worker's condition has changed; <b>OR</b> the initial pre-job accommodation requires enhancement to meet the worker's restrictions imposed by the accepted industrial condition.</li> </ul> <p>If more economical, the adjudicator may replace rather than alter or repair the pre-job accommodation equipment.</p>

## Who owns the equipment?

Job Modification	Pre-Job Accommodation
<p>Until the return-to-work (RTW) activity is successfully completed, the equipment remains the property of the department.</p> <p><i>(Note regarding self-insured claims: When the department reimburses a self-insured employer for the cost of the equipment, the department owns the equipment until the worker successfully completes the job modification.)</i></p> <p>Once the RTW activity is successfully completed, the equipment will be owned and maintained by the parties designated in the ownership agreement. See attached Ownership Agreement for Tools and Equipment Purchased as a Job Modification.</p> <p>Unless the equipment is covered by warranty, the owner is responsible for repair or replacement if the equipment wears out or needs repair.</p>	<p>Until the worker has been released for work or has successfully completed the retraining plan, the equipment remains the property of the department. At that time, the worker retains the equipment according to the signed ownership agreement. See attached Ownership Agreement for Tools and Equipment Purchased as a Pre-Job Accommodation.</p> <p>Unless the equipment is covered by warranty, the owner is responsible for repair or replacement if it wears out or needs repair.</p>



## What happens when a modification or accommodation fails?

<b>Job Modification</b>	<b>Pre-Job Accommodation</b>
<p>If the employer paid for part of the modification or if the equipment is affixed to the work site, the employer may retain the equipment regardless of the outcome of the RTW activity.</p> <p>All other equipment from failed modifications should be promptly returned to the department. Contact the L&amp;I office nearest you to determine the procedures in your area.</p>	<p>For claims against the State Fund and bankrupt self-insured employers, equipment from failed pre-job accommodations should be promptly returned to the department. Contact the L&amp;I office nearest you to determine the procedures in your area.</p>

## Department Service Locations and Phone Numbers

### **Aberdeen**

(360) 533-8200

### **Longview**

(360) 575-6900

### **Spokane**

(509) 324-2600

### **Bellevue**

(425) 990-1400

### **Moses Lake**

(509) 764-6900

### **Tacoma**

(253) 596-3800

### **Bellingham**

(360) 647-7300

### **Mount Vernon**

(360) 416-3000

### **Tukwila**

(206) 248-8240

### **Bremerton**

(360) 415-4000

### **Okanogan**

(509) 826-7345

### **Tumwater**

(360) 902-5799

### **Colville**

(509) 684-7417

### **Port Angeles**

(360) 417-2700

### **Vancouver**

(360) 896-2300

### **East Wenatchee**

(509) 886-6500

### **Port Angeles**

(360) 417-2700

### **Walla Walla**

(509) 527-4437

### **Everett**

(425) 290-1300

### **Pullman**

(509)334-5296

### **Yakima**

(509) 454-3700

### **Kennewick**

(509) 735-0100

### **Seattle**

(206) 281-5400

## Billing Codes and Fees for State Fund Claims

The billing codes and fees listed below apply to State Fund claims and became effective with the 7-1-99 fee schedule update.

### ***Attending Doctor***

<b>Code</b>	<b>Description</b>	<b>Fee</b>
1048M	Completion of a doctors estimate of physical capacities form	\$17.25
1038M	First job analysis review performed	\$27.03
1028M	Each additional job analysis reviewed on the same day (limited to five additional JA reviews per claimant per day)	\$13.51
*	E/M codes or office call codes for exam to determine restrictions <b>OR</b> case management codes to conference with other professional regarding job modification needs	*

\* See the *Medical Aid Rules and Maximum Fee Schedules* for codes, descriptions and payment policies.

### ***Vocational Counselor Occupational and Physical Therapists Ergonomic Services Provider***

<b>Code</b>	<b>Description</b>	<b>Fee</b>
**	Vocational services provided by the contracted vocational provider	**
V0823	Pre-job accommodation consultation <b>OR</b> job modification consultation by outside provider	By report <i>Bills over \$1,000 are subject to review.</i>

\*\* Check vocational contracts and authorization for codes and fees.

### ***Equipment Vendor***

<b>Code</b>	<b>Description</b>	<b>Fee</b>
0380R	Job modification equipment	max. \$5,000
0385R	Pre-job accommodation equipment	max. \$5,000

## **ADDITIONAL INFORMATION**

### **Where May I Obtain More Information?**

To receive a provider application, call the department's Provider Accounts Section at any of the following numbers: (360) 902-6542, (360) 902-6543, or (360) 902-6545. You may also call the provider toll-free line at 1-800-848-0811.

If you need more information about electronic billing, call (360) 902-6510.

If you would like a copy of the address list for self-insured employers and their service companies, call (360) 902-6860.

Vendors obtain copies of the pink "Statement for Retraining and Job Modification Services" form (F245-030-000) from the L&I Warehouse, see below.

### **Attachments**

Procedure for Obtaining a Job Modification or Pre-Job Accommodation

Suggested Format for Job Modification Consultation Report

Job Modification Assistance Application (includes ownership agreement) F245-346-000

Pre-Job Accommodation Assistance Application (includes ownership agreement) F245-350-000

Forms are available from local L&I offices and the L&I Warehouse, PO Box 44843, Olympia WA 98504-4843.

## Procedure for Obtaining a Job Modification or Pre-Job Accommodation

Action By:	Step:
Any Interested Party	1. Identify the potential need for a job modification or pre-job accommodation and request that the claim manager authorize a consultation.
Claim Manager	2. Make a decision on the request for a consultation.

If the claim manager authorizes a consultation:

Consultant*	3. Conduct the consultation and write a report. ( <i>See attached sample format.</i> )
	4. Determine if the modification or accommodation will require purchasing equipment.
	4a. If equipment does NOT need to be purchased, assist as needed with implementation and write a follow-up report.

If equipment does need to be purchased:

Consultant*	5. Work with the worker and employer (if any) to develop the job modification or pre-job accommodation recommendations specific to the restrictions imposed by the industrial condition.
	6. Develop the request for a job modification or pre-job accommodation:
	<ul style="list-style-type: none"><li>• Obtain needed medical documentation. (For a job modification, verify that the claim file contains documentation of the worker's restrictions. For a pre-job accommodation, obtain appropriate attending physician certification.)</li><li>• Consider exploring and documenting the following alternatives prior to considering the purchase of new equipment:<ul style="list-style-type: none"><li>– Improve existing equipment (e.g., a portable back support rather than a new chair).</li><li>– Borrow or rent proposed equipment.</li><li>– Purchase used equipment.</li></ul></li></ul>

\* *This may be a physical therapist, occupational therapist, vocational rehabilitation consultant, or ergonomist.*

- Select the equipment and attempt to obtain trial use of equipment to ensure the purchase will meet the worker's needs.
- For any item over \$1500 (*except* for sole source or unique items), obtain and document two bids. Bids should include the cost of fitting, delivery, tax, warranties, set up and training.
- Complete the Job Modification or Pre-Job Accommodation Assistance Application form (copies attached).
- Complete the ownership agreement (copies attached) and obtain necessary signatures.

*NOTE: We now have a standard ownership agreement form. If exceptional circumstances require it, this form may be modified as needed.*

7. Submit to the claim manager the Assistance Application form along with the required documents as listed on the form.
8. Review the application form and obtain any needed clarification from the consultant.\*
9. Make a decision on the application.
10. Send an authorization or denial letter to all interested parties and monitor the status of the modification or accommodation.

Claim Manager

If the claim manager authorizes the modification or accommodation:

Consultant\*

11. Assist as needed with implementation of the modification and follow-up with a report to the claim manager.
12. Ensure the vendors received a copy of the authorization letter and approved Assistance Application form.

\* *This may be a physical therapist, occupational therapist, vocational rehabilitation consultant, or ergonomist.*

## **Suggested Format for Job Modification Consultation Report**

Accepted Condition:

Worker's Name:

Claim Status:

Claim Number:

Date of Injury:

Job Title:

**Date and location of consultation**

**Name of those who attended the consultation**

### **Purpose of Consultation**

*(include referral source, purpose, and claim manager (CM) authorization)*

### **Restrictions**

The physician has placed the following work restrictions:

### **File Review**

*(include any pertinent history obtained from the file, including previous attempts at modifications, vocational status, etc.)*

### **Subjective Report**

*(worker's report of discomfort/symptoms and limitations related to work activities)*

### **Observations**

Workstation Description: *(help the CM visualize the setting)*

Job Tasks: *(include frequency, force, duration, etc.)*

### **Assessment**

*(What job tasks are impacted by the existing restrictions?)*

### **Comments and Recommendations**

*Include:*

- *Any on-site interventions attempted*
- *Any non-purchase recommendations, stretching, etc.,*
- *Purchase recommendations with a description of how the items are related to the restrictions,*
- *Documentation supporting the need for a sole-source item if \$1,500 or more*

### **Closing Information**

*(include the plan for follow-up and any anticipated time frames)*

Your Name, Title and Signature

Encl.

cc:

Mail completed application form to:

Department of Labor & Industries  
Claims Section  
PO Box 44291  
Olympia WA 98504-4291



# JOB MODIFICATION ASSISTANCE APPLICATION

INTERNET VERSION - SEE ADDITIONAL INSTRUCTIONS ON 3RD PAGE

**One vendor per application form**

Date of injury

Claim number

Injured worker's name

Social Security No. (For ID only)

Accepted Diagnosis

Vocational counselor/job modification consultant

Firm's name

Provider No.

Address

Phone No.

City - State

ZIP+ 4

Job Title

Employer Name

Phone No.

## DESCRIPTION OF JOB MODIFICATION

## ITEMIZATION OF COSTS:

Equipment

Tools

Other

Assembly, installation  
& delivery

Tax

Total

\$

Employer's portion of costs

State Fund or Self-Insured  
portion of costs

## REQUIRED DOCUMENTATION (please attach)

☐

Job modification narrative report

OR

☐

Job modification consultation  
report

AND

☐

Bids (if needed)

AND

☐

Ownership agreement

## L&I provider number required for payment

Vendors without a Provider Number may obtain applications (F248-011-000) at <http://www.wa.gov/lni/forms> or by calling Provider Accounts (360) 902-5140.

For payment, submit bill on pink "Statement for Retraining and Job Modification Services" form (F245-030-000). Attach copy of approved application.

Vendor Name

Address

City - State

ZIP+ 4

Provider No.

Phone No.

Date

Vocational counselor or consultant signature

Employer signature (if contributed to costs)

For Dept Use Only

☐

Approve

☐

Authorization code  
entered on AUTH

☐

Authorization amount  
entered on CLOG

☐

Disapprove

Date

Signature authority

## Ownership Agreement for Tools and Equipment Purchased as a Job Modification

Worker: \_\_\_\_\_

Claim #: \_\_\_\_\_

Employer: \_\_\_\_\_

Until the modification or return to work is successfully completed, the equipment remains the property of the Department of Labor and Industries.

Upon successful completion of the job modification or return to work, the listed equipment will be owned and maintained by the designated parties. Any equipment owned by the employer must remain available to the worker for use during his or her shift.

**Maintenance Responsibility:** Safekeeping, proper maintenance and repair of the equipment (beyond the expiration of the manufacturer's warranty, if applicable) are the responsibility of the identified owner.

**Return Policy:** If the job modification or return to work fails, the equipment must be returned to the Department of Labor and Industries (contact the nearest service location for details). HOWEVER, if the employer participated in the modification, or the equipment is affixed to the work site, the employer may retain the equipment, regardless of the outcome of the modification or return to work. I understand the agreement as shown above and I am willing to comply with the terms.

\_\_\_\_\_  
Worker Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Employer Signature

\_\_\_\_\_  
Date

Equipment/model #	Owner (upon successful completion)



Mail completed application form to:

Department of Labor & Industries  
Claims Section  
PO Box 44291  
Olympia WA 98504-4291



# PRE-JOB ACCOMMODATION ASSISTANCE APPLICATION

INTERNET VERSION - SEE INSTRUCTIONS ON 3RD PAGE

One vendor per application form

Injured worker's name		Social Security No. (For ID only)		Date of injury	Claim number
Vocational counselor/consultant		Accepted Diagnosis			
Firm's name		Provider No.			
Address		Phone No.			
City - State		ZIP+ 4			
Proposed Job Title					
Proposed Employer Name (If available)				Phone No.	

<b>DESCRIPTION OF PRE-JOB ACCOMMODATION</b>

<b>ITEMIZATION OF COSTS:</b>	<b>REQUIRED DOCUMENTATION</b> (please attach)	<b>L&amp;I provider number required for payment</b>	
Equipment _____	<input type="checkbox"/> Pre-Job accommodation narrative report	Vendors without a Provider Number may obtain applications (F248-011-000) at <a href="http://www.wa.gov/lni/forms">http://www.wa.gov/lni/forms</a> or by calling Provider Accounts (360) 902-5140.	
Tools _____	<b>OR</b>		For payment, submit bill on pink "Statement for Retraining and Job Modification Services" form (F245-030-000). Attach copy of approved application.
Other _____	<input type="checkbox"/> Pre-Job accommodation consultation report		
Assembly, installation & delivery _____	<b>AND</b>		
Tax _____	<input type="checkbox"/> Bids (if needed)		
Total \$ _____	<b>AND</b>		
	<input type="checkbox"/> Ownership agreement		
	<b>AND</b>		
	<input type="checkbox"/> Attending Doctor's Statement of Medical Necessity		

Vendor Name	Provider No.
Address	
City - State	ZIP+ 4
Phone No.	

Date / /	Vocational counselor or consultant signature
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For Dept Use Only	<input type="checkbox"/> Approve	<input type="checkbox"/> Authorization code entered on AUTH	<input type="checkbox"/> Authorization amount entered on CLOG	<input type="checkbox"/> Disapprove
Date / /	Signature authority			

## Ownership Agreement for Tools and Equipment Purchased as a Pre-Job Accommodation

Worker: \_\_\_\_\_ Claim #: \_\_\_\_\_

Return-to-work Goal: \_\_\_\_\_ Date of Plan: \_\_\_\_\_

### Pre-Job Accommodations Required for Vocational Determination

- If the pre-job accommodation is purchased to satisfy the attending physician's requirements for a release to work (vocationally able to work), the worker upon his or her release to work will own the equipment detailed on the inventory.

### Pre-Job Accommodation Required for Participation in a Retraining Plan

- The tools and equipment, as detailed on the attached inventory, are to be purchased as a pre-job accommodation for this worker's retraining plan. However, they remain the property of the Department of Labor and Industries until such time as this worker has successfully completed the retraining plan.
- Permission to use these items is contingent on cooperative participation in the retraining plan and may be withdrawn at any time while the department remains the owner.
- The worker is fully responsible for the custody of the listed items, and he or she agrees to maintain these items and keep them secure from damage, loss or theft.
- Upon successful completion of the retraining plan, as determined by the department, the ownership of the listed tools and equipment will be transferred to the worker.

**Return Policy:** If the worker is unable to complete the retraining plan or is not released to work based on a vocational determination, the worker must ensure that the items are returned to the nearest Labor & Industries service location (contact the service location for details).

I understand the agreement as shown above and I am willing to comply with the terms.

Worker: \_\_\_\_\_ Date: \_\_\_\_\_

Witness: \_\_\_\_\_ Date: \_\_\_\_\_

### Equipment Inventory

Item	Brand/Manufacturer	Model #

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